

PARTY <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT (Name and Address): TELEPHONE NO.:	FOR COURT USE ONLY
NAME AND ADDRESS OF COURT:	
PLAINTIFF(S): DEFENDANT(S):	
PROOF OF SERVICE (Small Claims)	HEARING DATE: DAY: TIME: DEPT./DIVISION: CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action, and I served copies of the following:

- Plaintiff's Claim Order of Examination Other (specify):
 Defendant's Claim Subpena Duces Tecum

2. a. Party served (specify name of party as shown on the documents served):

b. Person served: party in item 2.a. other (specify name and title or relationship to the party named in item 2.a.)

3. By delivery at home at business

- a. date:
 b. time:
 c. address:

4. Manner of service (check proper box):

- a. **Personal service.** I personally delivered to and left copies with the party served. **(C.C.P. 415.10)**
 b. **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person to be served at the place where the copies were left. **(C.C.P. 415.20(a))**
 c. **Substituted service on natural person, minor, incompetent, or candidate.** By leaving copies at the dwelling house, usual place of abode, usual place of business, or usual mailing address other than a U. S. Postal Service post office box of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person to be served at the place where the copies were left. **(C.C.P. 415.20(b))**
 d. **Date of mailing:** _____ **From (city):** _____

Information regarding date and place of mailing is required for services effected in manner 4.b. and 4.c. above.
Certified mail service may be performed only by the Clerk of the Court in small claims matters.

5. Person serving (name, address, and telephone number):

- a. **Fee** for service: \$ _____
 b. Not a registered California process server
 c. **Exempt** from registration under B&P Section 22350(b)
 d. **Registered** California process server
 1. Employee or independent contractor
 2. **Registration Number:** _____
 3. **County:** _____

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

7. I am a California sheriff, marshal, or constable and I certify that the foregoing is true and correct.

Date: _____



(SIGNATURE OF SERVER)

Notary Acknowledgment

State of _____

County of _____

On _____ before me, _____, Notary

Public, Personally appeared _____,

Personally known to me - or- proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal. (Seal)

Signature of Notary

-----OPTIONAL-----

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

DESCRIPTION OF THE ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT